

Arthritis and the Kansas Worker

ARTHRITIS includes more than 100 diseases and conditions affecting the joints, surrounding tissue, and other connective tissues.

- ❑ Among Kansans who are employed for wages or self-employed, 19% have doctor diagnosed arthritis.
- ❑ Of Kansans with arthritis or chronic joint symptoms who are of working age (18-64), 26% report being limited in their usual activities because of arthritis or joint symptoms.

PHYSICAL ACTIVITY SAVES HEALTH CARE COSTS

- ❑ Individuals who participate in physical activity at least 1-2 times per week **save \$250** in health care costs per year compared to individuals who are inactive. *
- ❑ Individuals with arthritis who are inactive spend approximately **\$1250 more** per year on health care costs than individuals who are active. Active, ≥ 30 minutes of moderate or strenuous physical activity on ≥ 3 days per week; inactive, less than this amount. **

COST-SAVING PREVENTION/SELF MANAGEMENT PROGRAMS

The Arthritis Foundation offers several programs, which have not only been shown to reduce the impact of arthritis but also are cost effective:

ASHC (Arthritis Self-Help Course) is designed to identify and teach individuals the latest pain management techniques, to create an individualized exercise program, to manage fatigue and stress more effectively, the purposes and effective use of medications, to find solutions to problems caused by arthritis, to identify ways to deal with difficult emotions, the role of nutrition in arthritis management, new ways to communicate with family and friends and how to form a partnership with a health-care team.

- ❑ **Benefits of ASHC include:** improved self-efficacy, **decline in number of physician visits** and reduced pain by 18-20%.
- ❑ For individuals with rheumatoid arthritis, ASHC program **saves \$648** in health care costs over a 4-year period. For individuals with osteoarthritis, ASHC program **saves \$189** in health care costs over a 4-year period.

PACE (People with Arthritis Can Exercise): This program is a gentle low impact land-based exercise class.

- ❑ **Benefits of PACE include:** increasing or maintaining joint flexibility, increased range of motion, increased muscle strength, reduction in pain, increased stamina, and increase in perceived self-efficacy.

AFAP (Arthritis Foundation Aquatics Program):

This is a warm water exercise program.

- ❑ **Benefits of AFAP include:** improved joint flexibility, improved range of motion, improved muscle strength, decreases in pain and increase in functional ability.

EASY AND INEXPENSIVE WORKPLACE ACCOMMODATIONS

- ❑ Provide easily adjustable chairs
- ❑ Install work assist arms or wrist rest at keyboards
- ❑ Use lateral file cabinets for easier access
- ❑ Supply pens with large grips and/or large barrels
- ❑ A physical therapist can help audit worksites and give input on ergonomic changes/supports. To find a physical therapist near you, please contact Carolyn Bloom at 785-273-7700 or email at bloompt@aol.com
- ❑ For more ergonomic information, please visit http://ehs.unc.edu/workplace_safety/ergonomics/links.shtml
- ❑ Use telephones with big buttons
- ❑ Offer ergonomic keyboards
- ❑ Encourage employees to take frequent short breaks
- ❑ Place rubber mats on concrete floors
- ❑ Encourage proper lifting techniques

PREVENTION

- ❑ **Physical Activity:** Improves flexibility and joint mobility while reducing joint pain and stiffness.
 - Kansans are encouraged to participate in the recommended amount of physical activity which is a minimum of 30 minutes of moderate physical activity at least 5 days per week or vigorous activity at least 3 days per week for 20 minutes.
 - ❑ Physical activity can be broken down into 10 minute increments.
 - ❑ 37% of adult Kansans with doctor diagnosed arthritis participate in the recommended amount of physical activity.
- ❑ **Weight Control:** There is an association between obesity and certain types of arthritis such as osteoarthritis and gout. Excess body weight increases the pressure and stress on weight bearing joints.
 - Approximately 34% of obese Kansans versus 18% of normal/underweight Kansans has doctor-diagnosed arthritis.
 - Body mass index (BMI) is a weight stature indicator measuring weight for height.
 - ❑ Obese: BMI > = 30
 - ❑ Overweight: BMI between 25 and 29.9
 - ❑ Normal/Underweight: BMI < 25.
 - ❑ Calculate your BMI by visiting http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm
 - ❑ Decreasing BMI by 2 units reduces a person's risk for osteoarthritis by approximately 50%.
- ❑ **Avoid Injuries:** Strategies include: stretching, use of equipment such as knee braces and wrists supports, and reducing repetitive motion.

GENERAL INFORMATION ON ARTHRITIS

- ❑ An estimated 480,000 Kansans or 25% of the adult population of Kansas have doctor diagnosed arthritis and an additional 16% have possible arthritis.
 - Possible arthritis includes individuals who have chronic joint symptoms but have not been told by a doctor that he/she has arthritis.
 - Individuals with possible arthritis should be referred to a physician or health care professional for proper diagnosis. With a proper diagnosis, a person can begin to properly manage symptoms and prevent or reduce disability.
- ❑ People of all ages are affected by arthritis. Among Kansans age 18-64, 20% have doctor diagnosed arthritis.
- ❑ Types of arthritis include: osteoarthritis, tendonitis, bursitis, carpal tunnel syndrome, rheumatoid arthritis and ankylosing spondylitis.
 - Visit the Arthritis Foundation's website: www.arthritis.org for more information on the different types of arthritis.

Contact the Arthritis Foundation for information on how to incorporate cost saving programs into your worksite.

Kansas Chapter
1999 N. Amidon, Suite 105
Wichita, KS 67203-2122
1-800-362-1108



Johnson and Wyandotte counties:
Western MO/Greater KC Chapter
3420 Broadway, Suite 105
Kansas City, MO 64111
1-888-719-5670

Information on this document is from the 2003 Kansas Behavioral Risk Factor Surveillance System (BRFSS)

*Wang, F., McDonald, T., Champagne, L.J. and Edington, D.W. Relationship of body mass index and physical activity to health care cost among employees. JOEM 2004;46:428-36.

**Wang, G. Helmick, C.G, Macera, C, Zhang, P and Pratt, M. Inactivity-Associated medical costs among US adults with arthritis. Arthritis Rheum. 2001;45:439-45.

This publication was supported by Cooperative Agreement #U58/CCU722793-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC